

**QUITMAN ISD**  
**Request for Use of School Facilities**

Date of Request: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Individual making the request: \_\_\_\_\_

Organization: \_\_\_\_\_

Purpose for requesting use of school facilities: \_\_\_\_\_

\_\_\_\_\_

*Please complete the following information for the primary contact person for your organization:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

| PLEASE ✓<br>FACILITY<br>REQUESTED | FACILITY             | QISD EVENT<br>(Fee Exempt) | NON-<br>QISD/COMMUNITY<br>EVENT | COST/MINIMUM<br>HOURS | HOURS/<br>COST |
|-----------------------------------|----------------------|----------------------------|---------------------------------|-----------------------|----------------|
|                                   | Ballard Gym          |                            |                                 | \$75/4 Hours          |                |
|                                   | Football Field       |                            |                                 | \$75/4 Hours          |                |
|                                   | Elementary Cafeteria |                            |                                 | \$40/4 Hours          |                |
|                                   | Elementary Gym       |                            |                                 | \$30/4 Hours          |                |
|                                   | Elementary Kitchen   |                            |                                 | \$20/4 Hours          |                |
|                                   | Elementary Library   |                            |                                 | \$30/4 Hours          |                |
|                                   | H.S. Cafeteria       |                            |                                 | \$40/4 Hours          |                |
|                                   | H.S. Gym             |                            |                                 | \$50/4 Hours          |                |
|                                   |                      |                            |                                 |                       |                |
|                                   | H.S. Library         |                            |                                 | \$30/4 Hours          |                |
|                                   | Auditorium           |                            |                                 | \$40/4 Hours          |                |
|                                   | Board Room           |                            |                                 | \$30/4 Hours          |                |
|                                   | Classroom            |                            |                                 | \$18/4 Hours          |                |
|                                   |                      |                            |                                 |                       |                |

**For Non-QISD/Community Events, fee is subject to exemption per Superintendent approval.** Please state the reason fee-exemption should be granted: \_\_\_\_\_

\_\_\_\_\_

If applicable, Fee Exemption Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**Request: Approved / Denied**

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date

**DATES AND TIMES BEING REQUESTED:**

Date(s) \_\_\_\_\_

M     T     W     Th     F     S

One time use     Weekly     Monthly     Other \_\_\_\_\_

Event Time: Begins: \_\_\_\_\_ Ends: \_\_\_\_\_

Set-Up Time: \_\_\_\_\_ Clean-Up/Tear Down Time: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

Before School Hours Access Needed?

Unlock Needed?

After School Hours Access Needed?

Unlock Needed:

Lock-up needed?

Other Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Technology Personnel or Services Needed?**

Reason? \_\_\_\_\_

# people \_\_\_\_\_ # hrs. \_\_\_\_\_

Public Address System Needed?

Other Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Maintenance personnel needed?**

Reason? \_\_\_\_\_

# people \_\_\_\_\_ # hrs. \_\_\_\_\_

**Custodial personnel needed?**

Reason? \_\_\_\_\_

# people \_\_\_\_\_ # hrs. \_\_\_\_\_

**Cafeteria personnel needed?**

Reason? \_\_\_\_\_

# people? \_\_\_\_\_ # hrs. \_\_\_\_\_

\_\_\_\_\_ Please initial that you are aware that your group will be responsible for any damage or loss of property.

**Please note that support service personnel (maintenance, custodial, & cafeteria) will be assigned as needed and that these employees will be paid directly by the District their regular pay including time-and-a-half pay for hours resulting in overtime. Your organization will pay, directly to the District, any costs incurred by such employees.**

Please sign that you have read and understand the above statements.

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*For District Use Only:*

**MAINTENANCE**

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Est. # hrs. \_\_\_\_\_ Est. OT hrs. \_\_\_\_\_ Additional costs: \_\_\_\_\_

Employee assigned: \_\_\_\_\_ Total Est. Cost\$ \_\_\_\_\_

Employee assigned: \_\_\_\_\_ Total Est. Cost\$ \_\_\_\_\_

Employee assigned: \_\_\_\_\_ Total Est. Cost\$ \_\_\_\_\_

**CUSTODIAL**

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Est. # hrs. \_\_\_\_\_ Est. OT hrs. \_\_\_\_\_ Additional costs: \_\_\_\_\_

Employee assigned: \_\_\_\_\_ Total Est. Cost\$ \_\_\_\_\_

Employee assigned: \_\_\_\_\_ Total Est. Cost\$ \_\_\_\_\_

Employee assigned: \_\_\_\_\_ Total Est. Cost\$ \_\_\_\_\_

**CAFETERIA**

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Est. # hrs. \_\_\_\_\_ Est. OT hrs. \_\_\_\_\_ Additional costs: \_\_\_\_\_

Employee assigned: \_\_\_\_\_ Total Est. Cost\$ \_\_\_\_\_

Employee assigned: \_\_\_\_\_ Total Est. Cost\$ \_\_\_\_\_

Employee assigned: \_\_\_\_\_ Total Est. Cost\$ \_\_\_\_\_

**TECHNOLOGY**

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Est. # hrs. \_\_\_\_\_ Est. OT hrs. \_\_\_\_\_ Additional costs: \_\_\_\_\_

Employee assigned: \_\_\_\_\_ Total Est. Cost\$ \_\_\_\_\_

Employee assigned: \_\_\_\_\_ Total Est. Cost\$ \_\_\_\_\_

Employee assigned: \_\_\_\_\_ Total Est. Cost\$ \_\_\_\_\_